JNITED ST.	ATES DISTRICT COURT DISTRICT-QF NEW YORK	Dagary and
10	()	M JUN 2 5 2015
Tatrie	10 ampbell	PROSE OFFICE
In the space ab	ove enter the full name(s) of the plain	tiff(s).) COMPLAINT
	-against-	
Willia	m Clinton	Jury Trial: □ Yes □ No (check one)
HIII	ary Clinto	(Check one)
	ove enter the full name(s) of the defend	
	ames of all of the defendants in the sp	
-	see attached" in the space above o t of paper with the full list of name:	
	ove caption must be identical to thos	
	ses should not be included here.)	
A. List	es in this complaint:	e number. If you are presently in custody, include your address of your current place of confinement. Do the same
for a	ny additional plaintiffs named. At	ttach additional sheets of paper as necessary.
Disimile	Name Tatric	ia Campbell
Plaintiff	Name Street Address	ROX 3/0575
	- Internal Control of the Control of	ens Jamaica
		111/21
	County, City Que	1112
gover each	County, City State & Zip Code Telephone Number All defendants. You should state to the state of the state	the full name of the defendant, even if that defendant is a corporation, or an individual. Include the address where
gover each	County, City State & Zip Code Telephone Number All defendants. You should state to the state of the state	the full name of the defendant, even if that defendant is a corporation, or an individual. Include the address where that the defendant(s) listed below are identical to those
gover each	State & Zip Code Ve use Telephone Number 917 all defendants. You should state to the same agency, an organization, a defendant may be served. Make so ined in the above caption. Attach	the full name of the defendant, even if that defendant is a corporation, or an individual. Include the address where that the defendant(s) listed below are identical to those
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	County, City Westchester Chapagua State & Zip Code New York Telephone Number
Defendant No. 2	Name HI avy Cinton Street Address Street Address County, City West chester Chappagua State & Zip Code New York Telephone Number
Defendant No. 3	Name Street Address County, City State & Zip Code Telephone Number
Defendant No. 4	Name Street Address County, City State & Zip Code Telephone Number
II. Basis for Ju	risdiction:
cases involving a fee U.S.C. § 1331, a ca question case. Undo state and the amount	purts of limited jurisdiction. Only two types of cases can be heard in federal court: leral question and cases involving diversity of citizenship of the parties. Under 28 se involving the United States Constitution or federal laws or treaties is a federal or 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another in damages is more than \$75,000 is a diversity of citizenship case. Passis for federal court jurisdiction? (check all that apply) Under 28 diversity of Citizenship
is at issue? LaJe My GoVern	rjurisdiction is Federal Question, what federal Constitutional, statutory or treaty right Denying my basic hight a home to live in the state ment. or prive te Industry.
Plaintiff(s) s	r jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? ate(s) of citizenship

III. Statement of Claim:

State as briefly as possible the <u>facts</u> of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

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You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

		A Where did the events giving rise to your claim(s) occur? Qut Side my builds
		A. Where the the events giving rise to your claim(s) door.
۸٥	A . f .	Where I me - I couran + wark to the feace
la i	hetta	B. What date and approximate time did the events giving rise to your claim(s) occur? On 9
~	land,	for the past four years (plus)
ן <i>ככ</i>	sterday	
70	ich-	
Tre	χ	C. Facts: My Jamily Dyt me into this prog
Γ	What	and called the Clintons to some it.
	happened to you?	
L		Iwas formented by the Clintons to
		the Doint I packed my belonging and
	Who did what?	moved.
		the Clintone on the Relaroup. I had
		the road
	Was anyone	Ted lines on the side walks endin the
	else involved?	Streets
		People other than the Clintons la hage
		mob took up the Streets and Side wa
		where I lived) fremendoes noise and people all
	Who else saw what happened?	night Long and daytime to? "Shopkeeper
		Toalled 911 to no avail - Lawen Forcement was
		directing traffic away from my building
		IV. Injuries:
		If you sustained injuries related to the events alleged above, describe them and state what medical
		treatment, if any, you required and received
		I went to the amergency room of
		hospitals numerous Hines - 30 the
		Doctors and Staff could bring me
		back to health
	•	

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V. Relief:
State what you want the Court to do for you and the amount of monetary compensation, if any, you are
seeking, and the basis for such compensation.
I want the court to 1854e a perman
In Junction as aimst Allary and Will
1719 to do 1
merary care near me
The Aury Cars
I want Dayment from loss of me
a ood health - Dayment of Hospital
De furniture
2007
January July
Danielas my nome
The state of the s
The USA OF halving westing, fre
I want townent of \$100,000 from e
I declare under penalty of perjury that the foregoing is true and correct.
Signed this 2 day of June, 2015
Signature of Plaintiff
Mailing Address 20 Box 03/05
Jimaica New Yor
$\bigcirc 111 \downarrow 2$
Quecus County 1143
Telephone Number 917 951 1696
Fax Number (if you have one)
Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners
must also provide their inmate numbers, present place of confinement, and address.
For Prisoners:
I declare under penalty of periury that on this day of, 20, I am delivering
I declare under penalty of perjury that on this day of, 20, I am delivering this complaint to prison authorities to be mailed to the <i>Pro Se</i> Office of the United States District Court for
the Southern District of New York.
G) (CDL::wife
Signature of Plaintiff:
Inmate Number

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